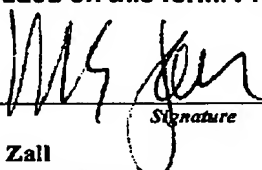
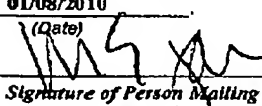
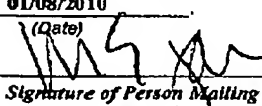
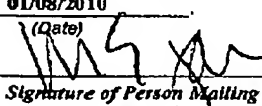


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|---|---------------------------|---|---|------------------------|--------------------------|--|--|------------|--------|--|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity) | | | | Docket No. 3.0-033 | | | | | | | | | |
| In Re Application Of: KUBO ET AL | | | | | | | | | | | | | |
| Application No. 10/562,564 | Filing Date 12/27/2005 | Examiner Prange, Sharon M. | Customer No. | Group Art Unit 3728 | Confirmation No. 8359 | | | | | | | | |
| Invention: SOLE WITH REINFORCEMENT STRUCTURE | | | | | | | | | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>07/20/2009</u> in the above-identified application. Date | | | | | | | | | | | | | |
| The requested extension is as follows (check time period desired): | | | | | | | | | | | | | |
| <input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months | | | | | | | | | | | | | |
| from: <u>10/20/2009</u> Date | | until: <u>01/20/2010</u> Date | | | | | | | | | | | |
| The fee for the extension of time is \$1,110 and is to be paid as follows: | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | |
|  _____ Signature | | | Dated: 01/08/2010 <div style="text-align: right; font-style: italic;"> telefaxed 571-273-8300 </div> | | | | | | | | | | |
| Michael E. Zall Attorney for Applicant Reg. No. 27,023 Two Yorkshire Drive Suffern, NY 10901 Tel.: (845) 357-6800 Fax.: (845) 357-4616 | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="width: 50%;">01/08/2010</td> <td style="width: 50%; text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ Signature of Person Mailing Correspondence Michael E. Zall </td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table> | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on | | 01/08/2010 | (Date) |  _____ Signature of Person Mailing Correspondence Michael E. Zall | | Typed or Printed Name of Person Mailing Correspondence | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on | | | | | | | | | | | | | |
| 01/08/2010 | (Date) | | | | | | | | | | | | |
|  _____ Signature of Person Mailing Correspondence Michael E. Zall | | | | | | | | | | | | | |
| Typed or Printed Name of Person Mailing Correspondence | | | | | | | | | | | | | |

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